

PAMELA G. KRONES, PH.D.
LICENSED PSYCHOLOGIST

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CONSENT FOR SERVICES

This document contains information about my professional services and business practices. Please print out this form, read it carefully, sign it, and return it to me at your first appointment. Be sure to write down any questions you may have and we will discuss them when we meet. Your signature on this form represents an agreement between us.

Background and Credentials

I am a clinical psychologist, and I have been licensed in Florida since 2013 (License #PY 8905). I earned a Ph.D. and an M.A. in Clinical Psychology from the University of Texas at Austin, and I also have a counseling master's degree (M.A.) in Education and Human Development from The George Washington University. My graduate work included training and supervised experience in multiple types of therapy, including cognitive-behavioral therapy, cognitive therapy, interpersonal therapy, psychodynamic therapy, humanistic therapy, and existential therapy. I completed my predoctoral internship at the University of Miami Counseling Center.

I opened my private practice in 2010 and completed my postdoctoral residency in supervised private practice in 2013. Since 2013, I have been working independently in private practice. I typically work with adults of all ages, including college students and graduate students. In addition to my training as a general psychologist, I have specialized training in anxiety disorders and couples counseling.

Psychological Services

Our first session, which will last for approximately 1½ hours, will involve an evaluation of your history and presenting concerns. By the end of the initial session, I will share my general impressions with you and we will discuss a treatment plan that best suits your needs. If we decide that I am not the best therapist for you, I will provide you with referrals to other professionals who may be a better fit for you.

After the initial evaluation, I will usually schedule psychotherapy sessions for once per week, with each session lasting 50 minutes. Some sessions, however, may be longer depending on the nature of your concerns and the treatment techniques used. Specifically, couples counseling sessions usually last 90 minutes. Also, for clients with more severe difficulties, I may recommend two or three sessions per week. During the course of our work together, we may decide to increase or decrease the frequency of your sessions based on your progress.

You are expected to arrive on time and attend all of your scheduled appointments. If you are running late or need to cancel or reschedule an appointment, please call me as soon as possible.

Approach to Treatment

My approach to psychotherapy is individualized, collaborative, and evidence-based. My treatment techniques predominantly come from Cognitive-Behavioral Therapy (CBT), Gottman Method Couples Therapy, Interpersonal Therapy (IPT), and Acceptance and Commitment Therapy (ACT). These treatment methods are empirically-supported, which means that scientific research has demonstrated that these methods are particularly effective for treating certain problems. You can read more about these treatment approaches on my website in the “Treatment” section.

Success in psychotherapy requires an active commitment on your part. At the beginning of our work together, we will discuss which type of treatment best suits your needs. Because it is important that you are fully informed about your diagnosis and treatment, I will provide you with information and recommendations of reading materials about your particular problem, the treatment approach we are using, and the scientific evidence supporting this treatment approach.

In order for therapy to be most successful, you will be required to work on assignments in between sessions. For example, I may recommend behavioral monitoring tasks, relaxation exercises, journaling, or other coping strategies for you to practice at home.

Fees, Billing, and Payments

My standard fee is \$150 per hour. I charge \$225 for the initial evaluation, which generally lasts 1½ hours. Subsequent sessions are generally 50 minutes and cost \$150. Couples counseling sessions usually last 90 minutes and cost \$225. I do not charge for phone calls, paperwork, or preparation time. I offer reduced rates for college students, graduate students, and other individuals in financial need. If you believe you may be eligible for a reduced rate, please indicate this in your initial telephone call.

For the administration and interpretation of the Myers-Briggs Type Indicator (MBTI), I charge \$550 for couples (which includes an initial evaluation and administration for each individual, a follow-up interpretation session for the couple, and testing and interpretation materials) and \$400 for individuals (which includes an initial evaluation and administration session, a follow-up interpretation session, and testing and interpretation materials). Full payment is due at the initial evaluation and administration of the assessment.

I do not take insurance. I will provide you with a monthly statement which you may submit to your insurance company. Many insurance companies provide some reimbursement for mental health services, and I am willing to complete the necessary paperwork for you to receive any mental health benefits to which you are entitled. However, you are responsible for paying me for your sessions regardless of what your insurance company decides, and I cannot guarantee that you will be reimbursed. If you wish to be reimbursed, it is important that you discuss these issues with your insurance company before your first appointment.

Once you have scheduled an appointment, you will be expected to pay for it unless you provide 24-hours advance notice of cancellation. **You will be charged for no-shows and for appointments cancelled with less than 24-hours notice.**

Payment is due at the time of service. I accept checks and the major credit cards Visa, MasterCard, and Discover. To save time and eliminate the hassle of weekly payment, I strongly encourage clients to complete an **Electronic Payment Authorization form**. You can download and print out this form from the “Forms” section of my website, or I can give you a hard copy of the form during our first meeting. This form allows me to deduct your session fee (including fees for no-shows and late cancellations) from the credit card or debit card designated on this form. This information will be stored securely in your clinical file and may be updated upon request at any time.

Please be aware that all transactions will read “Pamela G. Krones, Ph.D.” on your bank or credit card statement. I will provide you with a hard copy of your financial statement upon request. Please feel free to discuss any billing or payment matters with me.

Confidentiality

In general, the privacy of all written and oral communications between a therapist and client is protected by law. Moreover, because confidentiality is vital to the therapist-client relationship, the ethical standards of my profession require that our work remain confidential. Therefore, legally and ethically, I cannot reveal any information about you, either verbally or in writing, to anyone else without your written authorization.

However, a few exceptions obligate me to breach confidentiality, as summarized below:

- Child Abuse, Elder Abuse, or Disabled Person Abuse. I am mandated by law to report cases of suspected child abuse (of children and adolescents under age 18), elder abuse (of adults over age 60), and disabled person abuse to the appropriate authorities. The purpose of the mandated reporting laws is to protect the public from predators, who tend to be repeat offenders.
- Suicide. If you are in imminent danger of killing yourself, I will need to breach confidentiality in order to keep you safe. This may include informing your family member(s) or taking action to see that you are admitted to a hospital.
- Homicide. If you disclose to me that you are planning to kill someone, I am required by law to inform the police, inform your intended victim(s), and inform any other necessary individuals in order to prevent loss of life.
- As mandated by law. For example, if I receive a subpoena, I may be required to submit your records as part of a legal proceeding.

These situations are relatively rare. If a similar situation occurs in your case, I will make every effort to fully discuss it with you before taking any action.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a notice of privacy practices for the use and disclosure of PHI for treatment, payment, and health care operations. The HIPAA notice is in a separate document, which is available on my website in the “Forms” section. Please print out a copy of the HIPAA notice for your records. Alternatively, I can provide you with a copy of the notice at our first meeting.

Signature

Your signature below indicates that you have read this document and agree to abide by its terms during our professional relationship. Your signature also serves as an acknowledgment that you have received the HIPPA notice described above.

Signature of Client

Date

Client’s Name (please print)

Client’s Date of Birth